

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055170

1. Corporation Name

ARC FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

150 E PALMETTO PARK RD. SUITE 401
BOCA RATON FL 33432

150 E PALMETTO PARK RD. SUITE 401
BOCA RATON FL 33432



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

4400 N. Federal Hwy

Suite, Apt. #, etc.

300

City & State

Boca Raton FL

Zip

33431

Country

USA

3. New Mailing Office Address, If Applicable

4400 N. Federal Hwy

Suite, Apt. #, etc.

300

City & State

Boca Raton FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

5. FEI Number

65-0929678

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	CONTI, JOSEPH	150 E PALMETTO PARK RD, SUITE 40	BOCA RATON FL 33432
VTD	GIULIANO, JOSEPH	150 E PALMETTO PARK RD, SUITE 40	BOCA RATON FL 33432

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*****750.00 *****750.00

8. Name and Address of Current Registered Agent

BARITZ, NEIL S
150 E PALMETTO PARK RD, SUITE 401
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name
ARC Financial Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
4400 N. Federal Hwy
Suite, Apt. #, Etc.
300
City
Boca Raton
State
FL
Zip Code
33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/18/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
Joseph Giuliano

Date

11/29/00

Daytime Phone #

561-416-9880